



VERMONT DEPARTMENT OF TAXES
PO BOX 547
MONTPELIER, VT 05601-0547

FRANCHISE TAX ON WASTE FACILITIES & COMMERCIAL HAULERS OF SOLID WASTE

For Quarter Ending _____, 20____

This return must be filed with payment within 30 days after end of the calendar quarter. Copies of this return shall be filed with the Secretary of the Agency of Natural Resources at the same time or otherwise required by the Secretary.

Name of Company	Federal ID or Social Security Number
Mailing Address	Contact Person Name
City, State, ZIP Code	Contact Phone Number
E-mail address	

Month	Weight in Tons
1.	1.
2.	2.
3.	3.

4. TOTAL (Add Lines 1-3)4. _____
5. Tax Rate per Ton5. **6.00**
6. Tax Due (Multiply Line 4 by Line 5)6. _____
7. Municipalities enter 5% of Line 6. All others enter "0"7. _____
8. Net Amount Due (Subtract Line 7 from Line 6)8. _____

Make checks payable to **VERMONT DEPARTMENT OF TAXES**

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer

Title

Date

Signature of Preparer other than officer

Title/Firm Name

Date

Form WF-1

Rev. 6/07